## Electronic Case Files (ECF) Training Class Registration Request U.S. Court of International Trade

**Directions:** Please complete the information requested below. You will receive confirmation, via e-mail or fax, of your class registration upon receipt and acceptance of your registration request. Since the number of computers in each class is limited, we must ensure that we do not overbook the classes. Also, for security reasons, the Court must provide the host sites with an advance list of the participants attending each class. **Therefore, please do not attend a class unless you have received notification from the Court confirming your class registration. Non-registered participants will not be permitted to attend the classes.** We appreciate your cooperation.

Last Name:	First Name:		Middle Initial:
Firm/Agency/Organization Name:			
Street Address (include Floor & Roor	m No.):		
City:	State:	Zip Code:	
Telephone No.:	Fax. No.:		
E-Mail Address:			
States Admitted to the Bar:			
Class Dates: 1 <sup>st</sup> choice	Time:	Location:	
2 <sup>nd</sup> choice	Time:	Location:	
Please place an (X) on the line ne	xt to each statemer	nt that applies:	
1. I am an attorney admitted to practice	ctice before the Cour	t: Yes	s No
2. I presently possess a CM/ECF lo	ogin and password:	Yes	No
3. I require a CLE certificate of atte	ndance for the trainir	ng:Yes	No
4. My level of computer experience	is: Basic	Intermediate	Advanced
Please either e-mail this form to (212) 264-0441 to the attention of			
F	or Internal USCIT Use	e Only	
Date registration confirmation sent to Class Date Scheduled:			
Class Time Scheduled		s I ocation	